

Case Number:	CM14-0038542		
Date Assigned:	08/29/2014	Date of Injury:	11/26/2002
Decision Date:	10/07/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62 year old male who sustained an injury on 11/26/02 when his right foot was caught on a door frame forcefully externally rotating the foot causing an immediate onset of severe pain. The injured worker was found to have a ruptured tendon in the right foot which required surgical repair in September of 2003. Despite this procedure, the injured worker has had persistent complaints of pain in the right foot and ankle. It appears the injured worker had hardware removal completed in March of 2004 with continuing persistent pain. The injured worker is also noted to have had prior neurolysis procedures completed followed by a triple fusion of the right foot and ankle in October of 2007. The injured worker did have some relief of symptoms following this procedure; however, this injured worker's pain has persisted. The injured worker did attend postoperative physical therapy as well as the use of orthotics. The injured worker had also been seen by clinical psychology for concurrent depression and anxiety secondary to chronic pain. The injured worker had been followed by pain management for persistent right ankle and foot pain. The clinical report from 02/14/14 noted persistent complaints of pain at the right ankle and foot as well as low back pain and radiating pain to the left lower extremity. The injured worker reported an increasing amount of left ankle pain that was approximately 40% improved with medications. The injured worker continued to describe depression symptoms. The injured worker reported difficulty obtaining medications to include Tramadol, Voltaren gel, Trazadone, and Wellbutrin. The injured worker's physical examination noted limited range of motion in the right ankle and foot with tenderness over the right subtalar joint. There was decreased sensation noted in the left lateral leg. Reflexes were trace to absent in the right gastrocnemius and 1-2+ at the quadriceps bilaterally and the left gastrocnemius. There had been recommendations regarding updated imaging for the right foot. The injured

worker was noted to have prior electrodiagnostic evidence of a right S1 radiculopathy. The injured worker was given Tramadol 50mg, quantity 100 for increasing pain as the injured worker had not been provided this medication. Follow up on 03/17/14 noted the injured worker continued to have pain 7/10 in intensity without medications that was improved to 5/10 with medications. The injured worker was still utilizing a brace for the right foot and ankle. The injured worker's physical examination findings remained unchanged at this evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol 50mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In review of the clinical documentation submitted, this reviewer would not have recommended the request for Tramadol 50mg, quantity 100 as medically necessary. As of 03/17/14, the injured worker was reported to have remaining pills from a previous prescription for Tramadol. The clinical record did not discuss how many pills were left or the rate of use of this medication from the injured worker. Some pain improvement was noted in the clinical records; however, the documentation did not reflect substantial functional improvement with the use of this medication. Per guidelines, Tramadol can be utilized as an option in the treatment of moderate to severe musculoskeletal complaints. This medication should have ongoing assessments establishing the efficacy in terms of functional improvement and pain reduction to warrant continued use. As this was not clearly identified in the clinical record, this reviewer would not have recommended this request as medically necessary.